

**19+ Discretionary Support Fund, 16-18 Bursary Fund & Travel Bursary
Application Form 2011/2012**

**Application forms are available in large print and on audio tape by request.
Please call 01458 844422**

IMPORTANT

- Please read the accompanying guidance notes before completing this form.
- Your application will **not** be considered if you do not answer all the appropriate sections and attach copies of all relevant documents requested. **Applications submitted without the relevant documentation will not be considered.**
- Answer all the questions, by **printing clearly in ink** and by **ticking** the appropriate boxes
- Return your completed form to Amanda Greville, Financial Advisor, Strobe College, Church Road, Street, Somerset, BA16 0AB
- **Your application will be held by the Financial Advisor and accessed only by other relevant staff on a need to know basis.**

Personal Details		
1.Full name	2.Title Mr / Miss / Mrs / Ms Other	3.Address
4.Email		5.Mobile
6.Landline	7.Date of birth	8.Age at 31/8/2011
9.Do you live with <input type="checkbox"/> With your parents / carers <input type="checkbox"/> With your spouse / partner <input type="checkbox"/> Independently <input type="checkbox"/> Supported Housing <input type="checkbox"/> In a Hostel or Residential Centre <input type="checkbox"/> Other (please specify)		10.Term time address (if different from above)

11.Residential Status: Please tick where applicable If not British Citizen or EU/EEA Citizen, please provide passport or home office/ Immigration and Nationality Directorate (IND) card/papers		
British Citizen	EU/EEA Citizen	Asylum Seeker
Refugee / Indefinite Leave to Remain		Humanitarian Protection
Discretionary Leave	Country of Origin	Date of Entry into UK

12. Personal Circumstances: Please tick all that apply		
I am in care / I have recently left care	I am homeless	I am estranged from my parents
I am a full time carer for someone (in receipt of carers allowance)	I receive help from Social Services	I suffer with mental health issues
I have a disability or learning difficulty	I am a member of the travelling community inc Gypsy / Romany	My statutory education was interrupted
I am in receipt of Disability Living Allowance (DLA) and Employment Support Allowance (ESA)	I am an ex-offender / I am an offender serving my sentence in the community	I am on a Work Based Learning Programme, Apprenticeship or Job Centre Plus work programme
I am in receipt of Income Support	I am recovering from alcohol or drug dependency	I am supervised by a Youth Offending Team / on probation






13. Previous Level of Study				
Qualification	Subject studied	Number achieved	Level or grades	Course completed
GCSE's / CSE's / O Levels				Yes / No
A Level				Yes / No
NVQ				Yes / No
GNVQ				Yes / No
BTEC				Yes / No
City & Guilds				Yes / No
Degree				Yes / No
Other – Please specify				Yes / No

14. Course Details		
Course title		15. Tutor
16. Course code	17. Course start date	18. Course duration
19. What year of your course are you in?	20. What days are you in? Monday / Tuesday / Wednesday / Thursday / Friday	

21. Requirements					
What do you need financial assistance with?					
22. Course Fees	£	23.Registration / Exam fees	£	24.Criminal Record Bureau (CRB) check	£
25.Materials / Books	£	26.Equipment / Kit	£	27.Childcare – Please see guidance notes	
28.Travel	£	29.Course related trips	£	30.Meals	£
31. Domestic Emergencies	£	32. UCAS Fees / Travel to open days		33. Other (please state)	

34. Application for Travel Bursary	
I have applied for a County Ticket Bus Pass and understand that I will automatically receive £100 towards that cost. I am applying for an additional £200 towards that cost. See notes for guidance for conditions of award	Please tick if you wish to apply for a Travel Bursary

35. Request for financial assistance towards childcare – students aged 20 years and older. If you are aged less than 20 years old, please apply to Care to Learn	
Are you currently receiving any financial support towards childcare? Yes / No	
OFSTED registered Childcare Providers Name	
Cost	
Please provide a copy of your child(rens) birth certificate and childcare providers OFSTED registration certificate together with term and conditions and/or price list. Your application will not be processed without this information.	

36. Income details Please tick where applicable		Evidence Needed
*I am / my spouse / partner / parent(s) / carer(s) are in receipt of Income Support, Job Seekers Allowance, Employment Support allowance or Working Tax Credit		Please provide proof of this. There is no need to complete the Financial Statement section of this form
*I am / my spouse/ partner / my parent(s) / carers are employed		Please complete the Financial Statement below and provide 3 recent months pay slips
I am in receipt of Home Office Assistance		Please provide proof of what help you receive and complete the Financial Statement below
I currently have no source of income		Please discuss your current circumstances with our Financial Advisor
*Please delete as applicable		

37. Financial Statement	
To be completed by student / partners / parent(s) / carer(s) where employed	
a) Student income - annual income before tax	£
b) Partners income – annual income before tax	£
c) Parent(s) / guardian(s) income – annual income before tax	£
d) Household income – annual income before tax (a+b+c=d)	£

38. Bank details

The majority of monies awarded will be paid by internal transfers within the College. Where payments are due or students are to be reimbursed, payment will usually be by BACS (electronic transfer into your bank account). Please complete the following table.

APPLICATION FOR PAYMENTS TO BE MADE BY BACS

BANK / BUILDING SOCIETY NAME							
BRANCH ADDRESS							
BANK / BUILDING SOCIETY ACCOUNT NUMBER							
SORT CODE			-			-	
BANK / BUILDING SOCIETY ACCOUNT HOLDERS NAME							
Bank / Building Society account holders signature							

39. STUDENT AND PARENT(S) OR PARTNERS DECLARATION

The declaration below must be signed by all students and by the parent(s) or partner (if applicable) if income details have been provided.

I / we certify that the information given is, to the best of my / our knowledge and belief, correct. I / we will inform the College of any change in circumstances and I / we understand that money may be claimed back if information provided is known to be false.

I, the student, understand that I may be asked to repay some of the monies awarded should I fail to complete my studies and that I may be asked to return books and / or equipment bought through the Discretionary Support Fund.

I, the student, also understand that should I not achieve 100% attendance my financial support may be temporarily suspended and could lead to withdrawal of the award. All awards are conditional on students adhering to the College student code of conduct.

I, the student, understand that if my application for financial assistance is unsuccessful, in full or in part, I will be liable for all outstanding fees related to my course and it is my responsibility to pay these outstanding fees upon request.

I, the student, have read and understood the Guidance Notes supplied with this form.

Students Signature		Date	
Parents / Partner / Spouse Signature		Date	